



# ICD-10-CM Coding Training

*For Local Health Departments and Rural Health*

## The Basics





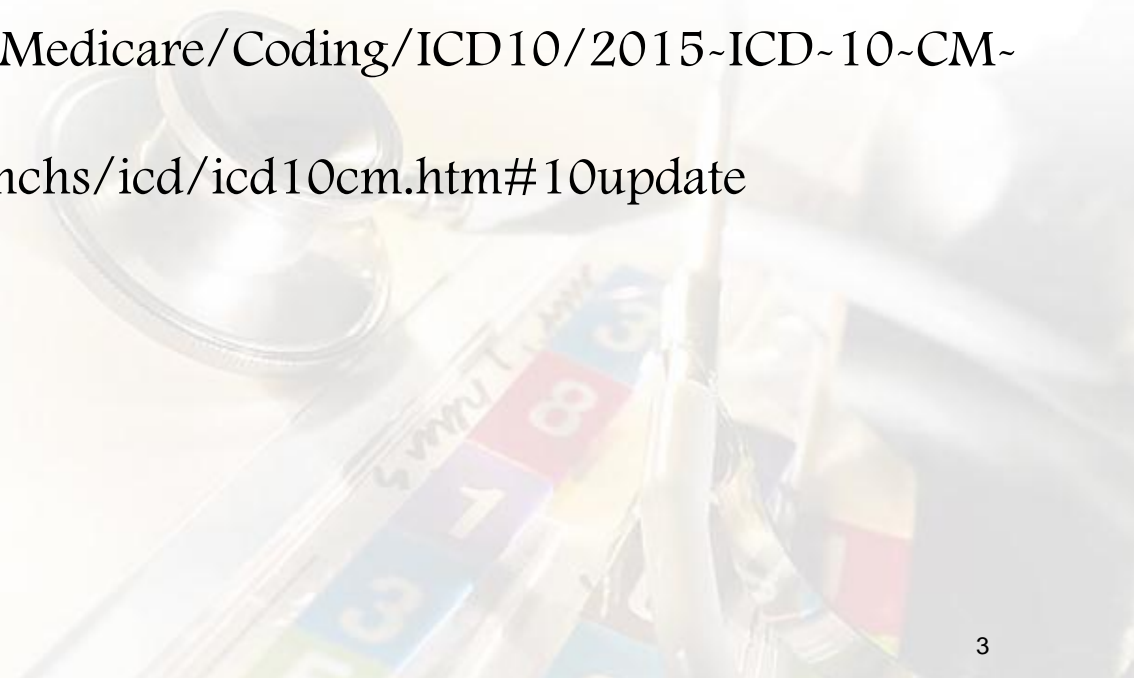
# Training Objectives

1. Develop a general understanding of ICD-10-CM
  - Why the change from ICD-9-CM to ICD-10-CM
  - Understand the terminology, coding conventions and general coding guidelines for use of the ICD-10-CM classification system
2. Understand how to look up diagnoses in the Alphabetical Index and verify the code in the Tabular List
3. Demonstrate how to accurately assign ICD-10-CM codes to simple diagnoses including immunizations
4. Ensure that local agency Implementation Team members are trained in order to conduct Clinical Documentation Assessments
5. Utilize feedback from persons trained to improve training materials for widespread training in 2015



# Training Prerequisite

- This Basic course is the prerequisite for all other ICD-10-CM specialized coding training courses
- In order to complete this training, access to ICD-10-CM code book or downloads of the 2015 version of ICD-10-CM from the CDC or CMS website is needed
  - <http://www.cms.gov/Medicare/Coding/ICD10/2015-ICD-10-CM-and-GEMs.html>
  - <http://www.cdc.gov/nchs/icd/icd10cm.htm#10update>





# Key Points

- ICD-9 code sets will be replaced by ICD-10 on October 1, 2015
- In the United States, ICD-10 consists of two parts:
  - ICD-10-CM diagnosis coding used in all U.S. health care settings
  - ICD-10-PCS procedure coding system used in hospitals
- ICD-10 will affect everyone covered by HIPAA
- Outpatient claims for date of service on or after 10/1/15 must be submitted with ICD-10-CM diagnosis codes
- Claims for services provided prior to 10/1/15 must be submitted with ICD-9-CM diagnosis codes
- The change to ICD-10 does not affect CPT coding for outpatient procedures



# Key Points

- ICD~10 was developed by the World Health Organization (WHO)
  - On Jan 1, 1999, the US changed from ICD-9 to ICD~10 for the coding and classification of mortality data from death certificates
- The ICD~10-CM classification system was developed by the National Center for Health Statistics as a clinical modification to ICD~10
  - ICD~10-CM is a unique system for use in the US for morbidity and mortality reporting
  - WHO authorized the US to develop a clinical modification but modifications to ICD~10 must conform to WHO conventions for ICD~10
- Any revisions to ICD~10-CM are made via an established update process





# What's Changing With ICD-10-CM

ICD-9-CM	ICD-10-CM
3-5 characters	3-7 characters
1 <sup>st</sup> character numeric or alpha (E or V)	1 <sup>st</sup> character is <b>always</b> alpha (no 'U')
Characters 2-5 are numeric	Character 2 always numeric; Characters 3-7 can be alpha or numeric
Decimal after first 3 characters; Alpha characters not case sensitive	Decimal after first 3 characters; Alpha characters not case sensitive
382.00 – Acute suppurative otitis media without spontaneous rupture of eardrum	H66.002 – Acute suppurative otitis media without spontaneous rupture of ear drum, <u>left</u> ear
656.13 – Other known or suspected fetal & placental problems affecting management of mother; Rhesus isoimmunization; antepartum condition or complication	O36.0110 – Maternal care for anti-D (Rh) antibodies, <u>first trimester, single gestation</u>
14,000 codes – not much specificity	68,000 codes – greater specificity



# Format Structure of ICD~10~CM

ICD~10~CM							
Alpha	#	Alpha or #	•	Alpha or #	Alpha or #	Alpha or #	Alpha or #
Category				Etiology, Anatomic site, Severity (possibly dummy placeholder)			Extension
I10 ~ Hypertension Z20.1 – Contact with and (suspected) exposure to tuberculosis Z00.01 – Encounter for general adult medical examination with abnormal findings E11.649 – Type 2 diabetes mellitus with hypoglycemia without coma O36.0131 – Maternal care for anti-D(Rh) antibodies, third trimester, fetus 1 S90.451A – Superficial foreign body, right great toe, initial encounter							



# Alphabetic Index— Index to Diseases and Injuries

## ICD-10-CM INDEX TO DISEASES and INJURIES

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#)

### A

**Aarskog's syndrome** Q87.1

**Abandonment** —see Maltreatment

**Abasia** (-astasia) (hysterical) F44.4

**Abderhalden-Kaufmann-Lignac syndrome** (cystinosis) E72.04

**Abdomen, abdominal** —see *also* condition

- acute R10.0

- angina K55.1

- muscle deficiency syndrome Q79.4

**Abdominalgia** —see Pain, abdominal

**Abduction contracture, hip or other joint** —see Contraction, joint

**Aberrant** (congenital) —see *also* Malposition, congenital

- adrenal gland Q89.1

- artery (peripheral) Q27.8

- - basilar NEC Q28.1

- - cerebral Q28.3

- - coronary Q24.5

- - digestive system Q27.8

- - eye Q15.8





# Alphabetic Index –Table of Neoplasms

	Malignant Primary	Malignant Secondary	Ca in situ	Benign	Uncertain Behavior	Unspecified Behavior
<b>N</b>						
<b>Neoplasm, neoplastic</b>	C80.1	C79.9	D09.9	D36.9	D48.9	D49.9
- abdomen, abdominal	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89
- - cavity	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89
- - organ	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89
- - viscera	C76.2	C79.8-	D09.8	D36.7	D48.7	D49.89
- - wall—see also <i>Neoplasm, abdomen, wall, skin</i>	C44.509	C79.2-	D04.5	D23.5	D48.5	D49.2
- - - connective tissue	C49.4	C79.8-	-	D21.4	D48.1	D49.2
- - - skin	C44.509					
- - - - basal cell carcinoma	C44.519	-	-	-	-	-
- - - - specified type NEC	C44.599	-	-	-	-	-
- - - - squamous cell carcinoma	C44.529	-	-	-	-	-
- abdominopelvic	C76.8	C79.8-	-	D36.7	D48.7	D49.89
- accessory sinus—see <i>Neoplasm, sinus</i>						
- acoustic nerve	C72.4-	C79.49	-	D33.3	D43.3	D49.7
- adenoid(pharynx) (tissue)	C11.1	C79.89	D00.08	D10.6	D37.05	D49.0
- adipose tissue—see also <i>Neoplasm, connective tissue</i>	C49.4	C79.89	-	D21.9	D48.1	D49.2



# Alphabetic Index –Table of Drugs and Chemicals

## ICD-10-CM TABLE of DRUGS and CHEMICALS

Substance	Poisoning, Accidental (unintentional)	Poisoning, Intentional self-harm	Poisoning, Assault	Poisoning, Undetermined	Adverse effect	Underdosing
1-propanol	T51.3X1	T51.3X2	T51.3X3	T51.3X4	--	--
2-propanol	T51.2X1	T51.2X2	T51.2X3	T51.2X4	--	--
2,4-D(dichlorophen-oxyacetic acid)	T60.3X1	T60.3X2	T60.3X3	T60.3X4	--	--
2,4-toluene diisocyanate	T65.0X1	T65.0X2	T65.0X3	T65.0X4	--	--
2,4,5-T(trichloro-phenoxyacetic acid)	T60.1X1	T60.1X2	T60.1X3	T60.1X4	--	--
14-hydroxydihydro-morphinone	T40.2X1	T40.2X2	T40.2X3	T40.2X4	T40.2X5	T40.2X6
ABOB	T37.5X1	T37.5X2	T37.5X3	T37.5X4	T37.5X5	T37.5X6
Abrine	T62.2X1	T62.2X2	T62.2X3	T62.2X4	--	--
Abrus(seed)	T62.2X1	T62.2X2	T62.2X3	T62.2X4	--	--
Absinthe	T51.0X1	T51.0X2	T51.0X3	T51.0X4	--	--
- beverage	T51.0X1	T51.0X2	T51.0X3	T51.0X4	--	--
Acaricide	T60.8X1	T60.8X2	T60.8X3	T60.8X4	--	--
Acebutolol	T44.7X1	T44.7X2	T44.7X3	T44.7X4	T44.7X5	T44.7X6
Acecarbromal	T42.6X1	T42.6X2	T42.6X3	T42.6X4	T42.6X5	T42.6X6
Aceclidine	T44.1X1	T44.1X2	T44.1X3	T44.1X4	T44.1X5	T44.1X6
Acedapsone	T37.0X1	T37.0X2	T37.0X3	T37.0X4	T37.0X5	T37.0X6
Acefylline piperazine	T48.6X1	T48.6X2	T48.6X3	T48.6X4	T48.6X5	T48.6X6
Acemorphan	T40.2X1	T40.2X2	T40.2X3	T40.2X4	T40.2X5	T40.2X6
Acenocoumarin	T45.511	T45.512	T45.513	T45.514	T45.515	T45.516
Acenocoumarol	T45.511	T45.512	T45.513	T45.514	T45.515	T45.516
Acepifylline	T48.6X1	T48.6X2	T48.6X3	T48.6X4	T48.6X5	T48.6X6
Acepromazine	T43.3X1	T43.3X2	T43.3X3	T43.3X4	T43.3X5	T43.3X6
Acesulfamethoxypyridazine	T37.0X1	T37.0X2	T37.0X3	T37.0X4	T37.0X5	T37.0X6
Acetal	T52.8X1	T52.8X2	T52.8X3	T52.8X4	--	--
Acetaldehyde(vapor)	T52.8X1	T52.8X2	T52.8X3	T52.8X4	--	--
- liquid	T65.891	T65.892	T65.893	T65.894	--	--
P-Acetamidophenol	T39.1X1	T39.1X2	T39.1X3	T39.1X4	T39.1X5	T39.1X6
Acetaminophen	T39.1X1	T39.1X2	T39.1X3	T39.1X4	T39.1X5	T39.1X6



# Alphabetic Index ~ Index to External Cause of Injuries

## ICD-10-CM External Cause of Injuries Index

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#)

### A

**Abandonment (causing exposure to weather conditions) (with intent to injure or kill) NEC X58**

**Abuse (adult) (child) (mental) (physical) (sexual) X58**

**Accident (to) X58**

- aircraft (in transit) (powered) —see also Accident, transport, aircraft
- - due to, caused by cataclysm —see Forces of nature, by type
- animal-rider —see Accident, transport, animal-rider
- animal-drawn vehicle —see Accident, transport, animal-drawn vehicle occupant
- automobile —see Accident, transport, car occupant
- bare foot water skier V94.4
- boat, boating —see also Accident, watercraft
  - - striking swimmer
  - - - powered V94.11
  - - - unpowered V94.12
- bus —see Accident, transport, bus occupant
- cable car, not on rails V98.0
  - - on rails —see Accident, transport, streetcar occupant
- car —see Accident, transport, car occupant
- caused by, due to
  - - animal NEC W64



# Tabular List of Diseases and Injuries

## Chapter 1

### Certain infectious and parasitic diseases (A00-B99)

**Includes:** diseases generally recognized as communicable or transmissible

**Use additional** code to identify resistance to antimicrobial drugs (Z16-)

**Excludes1:** certain localized infections - see body system-related chapters  
infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium (O98.-)  
influenza and other acute respiratory infections (J00-J22)

**Excludes2:** carrier or suspected carrier of infectious disease (Z22.-)  
infectious and parasitic diseases specific to the perinatal period (P35-P39)

This chapter contains the following blocks:

A00-A09	<a href="#">Intestinal infectious diseases</a>
A15-A19	<a href="#">Tuberculosis</a>
A20-A28	<a href="#">Certain zoonotic bacterial diseases</a>
A30-A49	<a href="#">Other bacterial diseases</a>
A50-A64	<a href="#">Infections with a predominantly sexual mode of transmission</a>
A65-A69	<a href="#">Other spirochetal diseases</a>
A70-A74	<a href="#">Other diseases caused by chlamydiae</a>
A75-A79	<a href="#">Rickettsioses</a>
A80-A89	<a href="#">Viral and prion infections of the central nervous system</a>
A90-A99	<a href="#">Arthropod-borne viral fevers and viral hemorrhagic fevers</a>
B00-B09	<a href="#">Viral infections characterized by skin and mucous membrane lesions</a>
B10	<a href="#">Other human herpesviruses</a>
B15-B19	<a href="#">Viral hepatitis</a>
B20	<a href="#">Human immunodeficiency virus [HIV] disease</a>
B25-B34	<a href="#">Other viral diseases</a>
B35-B49	<a href="#">Mycoses</a>
B50-B64	<a href="#">Protozoal diseases</a>
B65-B83	<a href="#">Helminthiases</a>
B85-B89	<a href="#">Pediculosis, acariasis and other infestations</a>
B90-B94	<a href="#">Sequelae of infectious and parasitic diseases</a>
B95-B97	<a href="#">Bacterial and viral infectious agents</a>
B99	<a href="#">Other infectious diseases</a>

### Intestinal infectious diseases (A00-A09)

A00 Cholera



# Tabular List of Diseases and Injuries

## **Intestinal infectious diseases (A00-A09)**

### **A00 Cholera**

**A00.0 Cholera due to *Vibrio cholerae* 01, biovar cholerae**  
Classical cholera

**A00.1 Cholera due to *Vibrio cholerae* 01, biovar eltor**  
Cholera eltor

**A00.9 Cholera, unspecified**

### **A01 Typhoid and paratyphoid fevers**

**A01.0 Typhoid fever**  
Infection due to *Salmonella typhi*

**A01.00 Typhoid fever, unspecified**

**A01.01 Typhoid meningitis**

**A01.02 Typhoid fever with heart involvement**  
Typhoid endocarditis  
Typhoid myocarditis

**A01.03 Typhoid pneumonia**

**A01.04 Typhoid arthritis**





# Format Structure of ICD-10-CM

ICD-10-CM							
Alpha	#	Alpha or #	•	Alpha or #	Alpha or #	Alpha or #	Alpha or #
Category				Etiology, Anatomic site, Severity (possibly <b>dummy placeholder</b> )			<b>Extension</b>







# Extensions

- Code extensions (7th character) have been added to specify:
  - Episode of care for injuries and external causes of injuries
  - Fetus number in obstetrics
- Below are a few limited examples:
  - to identify the encounter type
    - A Initial Encounter
    - D Subsequent Encounter
    - S Sequelae
  - to provide further specificity about the condition being coded
    - A Initial Encounter for closed fracture
    - K Subsequent encounter for fracture with nonunion
  - for single and multiple gestations, to identify the fetus
    - 0 Not applicable (single gestation) or fetus unspecified
    - 1 fetus 1
    - 9 Other fetus
- The extension may be a number or letter and must always be the 7<sup>th</sup> character
  - S11.012A Laceration with foreign body of larynx, initial encounter



# Extensions

## **Abuse**

- adult —see Maltreatment, adult
- child —see Maltreatment, child

## **Maltreatment**

- adult
- child
  - - abandonment
    - - - confirmed T74.02
    - - - suspected T76.02
    - - - confirmed T74.92
    - - - history of —see History, personal (of), abuse
    - - - neglect
      - - - - confirmed T74.02
      - - - - history of —see History, personal (of), abuse
      - - - - suspected T76.02
    - - - physical abuse
      - - - - confirmed T74.12
      - - - - history of —see History, personal (of), abuse
      - - - - suspected T76.12

## **T76 Adult and child abuse, neglect and other maltreatment, suspected**

Use **additional** code, if applicable, to identify any associated current injury

**Excludes1:** adult and child maltreatment, confirmed (T74.-)

- suspected abuse and maltreatment in pregnancy (O9A.3-, O9A.4-, O9A.5-)
- suspected adult physical abuse, ruled out (Z04.71)
- suspected adult sexual abuse, ruled out (Z04.41)
- suspected child physical abuse, ruled out (Z04.72)
- suspected child sexual abuse, ruled out (Z04.42)

The appropriate 7th character is to be added to each code from category T76

- A - initial encounter
- D - subsequent encounter
- S - sequela

### **T76.0 Neglect or abandonment, suspected**

**T76.01 Adult neglect or abandonment, suspected**

**T76.02 Child neglect or abandonment, suspected**

### **T76.1 Physical abuse, suspected**

**T76.11 Adult physical abuse, suspected**

**T76.12 Child physical abuse, suspected**



# Placeholders

- Dummy Placeholders are necessary to ensure the accuracy of certain codes
- Dummy Placeholders are always the letter 'x' or 'X'
  - Can be upper or lower case
- Dummy Placeholders have 2 uses
  - When a code has less than 6 characters and a 7<sup>th</sup> character extension is required ~ the 'x' is assigned for all characters less than 6
    - T76.12xA Child physical abuse, suspected, initial encounter
  - 5<sup>th</sup> character for certain 6 character codes thus providing for future expansion
    - M53.2x7 Spinal instabilities, lumbosacral region



# Added Features to ICD-10-CM

- ICD-10-CM reflects updated terminology and modern medicine
- ICD-10-CM includes codes for laterality in chapters where laterality is deemed important
  - If a **bilateral** code is not provided and the condition is bilateral, code both left and right side
    - H50.411 Cyclotropia, right eye
    - H50.412 Cyclotropia, left eye
    - There is no code for bilateral
  - When laterality is not **documented**, there is always an unspecified code
    - C50.219 Malignant neoplasm of upper-inner quadrant of unspecified female breast
  - When a condition is bilateral but there are no distinct codes identifying laterality, use the valid code only once
    - N28.1 – Cyst of kidney, acquired



# Added Features to ICD~10~CM

ICD~10~CM codes are more specific

- Greater flexibility for expansion when new codes are needed
- Manifestations of diseases may be included in a single code
  - ICD~9~CM: 002.0 Typhoid Fever; 484.8 Pneumonia in other infectious diseases
  - ICD~10~CM: A01.03 Typhoid Pneumonia
- Greater specificity will provide
  - Better statistical data for nosologists, epidemiologists and researchers to track and study disease in the US
  - Claim rejections should be reduced
- Clinical documentation will need to improve in order to code to the highest level of specificity
  - H66.90 Otitis media, unspecified, unspecified ear
  - H66.3x1 Other **chronic suppurative** otitis media, **right** ear





# Added Features to ICD-10-CM

- Example of the impact of adding anatomic site and laterality

ICD-9-CM	ICD-10-CM
373.2 Chalazion Meibomian (gland) cyst <i>Excludes: infected meibomian gland (373.12)</i>	H00.1 Chalazion Meibomian (gland) cyst <i>Excludes2: Infected Meibomian gland (H00.02-)</i>
	H00.11 Chalazion <u>right upper</u> eyelid
	H00.12 Chalazion <u>right lower</u> eyelid
	H00.13 Chalazion right eye, unspecified eyelid
	H00.14 Chalazion left upper eyelid
	H00.15 Chalazion left lower eyelid
	H00.16 Chalazion left eye, unspecified eyelid
	H00.19 Chalazion unspecified eye, unspecified eyelid





# Added Features to ICD~10~CM

- ICD~10~CM includes full code titles for all codes
  - No referencing back to common 4<sup>th</sup> and 5<sup>th</sup> digits
  - ICD~9~CM
    - 682=Other Cellulitis and abscess
      - 682.6= Leg, except foot
  - ICD~10~CM
    - L03.116 Cellulitis of left lower limb
    - and/or
    - L02.416 Cutaneous Abscess of left lower limb



# Added Features to ICD~10~CM

- Consists of 21 Chapters compared to 17 in ICD~9~CM
  - Sense organs are no longer in the nervous system disorders – they have their own Chapters
    - Diseases of the Eye and Adnexa (Chapter 7)
    - Diseases of the Ear and Mastoid Process (Chapter 8)
  - V and E codes are no longer supplemental classifications ~ They have their own Chapters
    - E codes are now in Chapters 19 and 20
      - Injury, poisoning and certain other consequences of external causes (Chapter 19)
        - » T55.0x1A Toxic effect of soaps, accidental, initial encounter
      - External causes of morbidity (Chapter 20)
        - » W29.1xxD Contact with electric knife, subsequent encounter
    - V codes are now in Chapter 21: Factors influencing health status and contact with health services



# Added Features to ICD-10-CM (GEMs)

- National Center for Health Statistics has developed Diagnosis Code Set General Equivalence Mappings (GEMs)
  - Bi-directional mappings are available (i.e., 9 to 10 and 10 to 9)
    - <http://www.cdc.gov/nchs/icd/icd10cm.htm>
    - Automated tool developed by AAPC (access available on DPH ICD-10 website under “Additional Resources”)
    - Not a “1 to 1” crosswalk
- Appropriate uses of GEMS
  - When conversion of diagnostic data is going to be done
  - When translating lists of codes for non-clinical purposes
  - For research purposes when trend analysis is needed
- Inappropriate uses of GEMS
  - **Never** use GEMs to crosswalk a diagnosis included in clinical documentation from ICD-9-CM to ICD-10-CM



# Added Features to ICD-10-CM (GEMs)

ICD-9-CM >	ICD-10-CM	ICD-10-CM >	ICD-9-CM
003.21 Salmonella Meningitis	A02.21 Salmonella Meningitis	A02.21 Salmonella Meningitis	003.21 Salmonella Meningitis
250.13 Diabetes with ketoacidosis, type I [juvenile type], uncontrolled	E10.10 Type 1 diabetes mellitus with ketoacidosis without coma <b>OR</b>	E10.10 Type 1 diabetes mellitus with ketoacidosis without coma	250.11 Diabetes with ketoacidosis, type I [juvenile type], not stated as uncontrolled
	E10.65 Type 1 diabetes mellitus with hyperglycemia	E10.65 Type 1 diabetes mellitus with hyperglycemia	250.81 Diabetes with other specified manifestations, type I [juvenile type], not stated as uncontrolled
		T45.4X6D Underdosing of iron and its compounds, subsequent encounter	No Equivalent Diagnosis Code since Underdosing was not included in ICD-9-CM



# Similarities Between 9 and 10 Alphabetic Index

- Alphabetic Index and Tabular List
  - Structured the same as ICD-9-CM

## **Encounter** (with health service) (for) Z76.89

- adjustment and management (of)
- - breast implant Z45.81
- - implanted device NEC Z45.89
- - myringotomy device (stent) (tube) Z45.82
- administrative purpose only Z02.9
- - examination for
- - - adoption Z02.82
- - - armed forces Z02.3
- - - disability determination Z02.71
- - - driving license Z02.4
- - - employment Z02.1
- - - insurance Z02.6
- - - medical certificate NEC Z02.79
- - - paternity testing Z02.81
- - - residential institution admission Z02.2
- - - school admission Z02.0
- - - sports Z02.5
- - specified reason NEC Z02.89
- aftercare —see Aftercare

## **Asthma, asthmatic** (bronchial) (catarrh) (spasmodic) J45.909

- with
- - chronic obstructive bronchitis J44.9
- - - with
- - - - acute lower respiratory infection J44.0
- - - - exacerbation (acute) J44.1
- - chronic obstructive pulmonary disease J44.9
- - - with
- - - - acute lower respiratory infection J44.0
- - - - exacerbation (acute) J44.1
- - exacerbation (acute) J45.901
- - hay fever —see Asthma, allergic extrinsic
- - rhinitis, allergic —see Asthma, allergic extrinsic
- - status asthmaticus J45.902





# Similarities Between 9 and 10 Alphabetic Index

- Many convention types have same meaning in the Tabular List and Alphabetic Index:
  - Instructional notes
  - Abbreviations and Symbols
  - Punctuation marks
- Alphabetic index includes suggestions for manifestation codes
  - Dementia (degenerative (primary)) (old age) (persisting) F03.90
    - ~ with
      - ~ ~ aggressive behavior F03.91
      - ~ ~ behavioral disturbance F03.91
      - ~ ~ combative behavior F03.91
      - ~ ~ Lewy bodies G31.83 [F02.80]
      - ~ ~ ~ with behavioral disturbance G31.83 [F02.81]
      - ~ ~ Parkinsonism G31.83 [F02.80]
      - ~ ~ ~ with behavioral disturbance G31.83 [F02.81]
      - ~ ~ Parkinson's disease G20 [F02.80]
      - ~ ~ ~ with behavioral disturbance G20 [F02.81]





# Similarities Between 9 and 10 Chapters of ICD-10-CM

## Table of Contents

- 1 [Certain infectious and parasitic diseases \(A00-B99\)](#)
- 2 [Neoplasms \(C00-D49\)](#)
- 3 [Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism \(D50-D89\)](#)
- 4 [Endocrine, nutritional and metabolic diseases \(E00-E89\)](#)
- 5 [Mental, Behavioral and Neurodevelopmental disorders \(F01-F99\)](#)
- 6 [Diseases of the nervous system \(G00-G99\)](#)
- 7 [Diseases of the eye and adnexa \(H00-H59\)](#)
- 8 [Diseases of the ear and mastoid process \(H60-H95\)](#)
- 9 [Diseases of the circulatory system \(I00-I99\)](#)
- 10 [Diseases of the respiratory system \(J00-J99\)](#)
- 11 [Diseases of the digestive system \(K00-K95\)](#)
- 12 [Diseases of the skin and subcutaneous tissue \(L00-L99\)](#)
- 13 [Diseases of the musculoskeletal system and connective tissue \(M00-M99\)](#)
- 14 [Diseases of the genitourinary system \(N00-N99\)](#)
- 15 [Pregnancy, childbirth and the puerperium \(O00-O9A\)](#)
- 16 [Certain conditions originating in the perinatal period \(P00-P96\)](#)
- 17 [Congenital malformations, deformations and chromosomal abnormalities \(Q00-Q99\)](#)
- 18 [Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified \(R00-R99\)](#)
- 19 [Injury, poisoning and certain other consequences of external causes \(S00-T88\)](#)
- 20 [External causes of morbidity \(V00-Y99\)](#)
- 21 [Factors influencing health status and contact with health services \(Z00-Z99\)](#)



# Similarities Between 9 and 10 Tabular List

- Tabular List Example ~ Chapter  
**Chapter 15**

## **Pregnancy, childbirth and the puerperium (O00-O9A)**

**Note:** CODES FROM THIS CHAPTER ARE FOR USE ONLY ON MATERNAL RECORDS, NEVER ON NEWBORN RECORDS

Codes from this chapter are for use for conditions related to or aggravated by the pregnancy, childbirth, or by the puerperium (maternal causes or obstetric causes)

Trimesters are counted from the first day of the last menstrual period. They are defined as follows:

1st trimester- less than 14 weeks 0 days

2nd trimester- 14 weeks 0 days to less than 28 weeks 0 days

3rd trimester- 28 weeks 0 days until delivery

**Use additional** code from category Z3A, Weeks of gestation, to identify the specific week of the pregnancy

**Excludes1:** supervision of normal pregnancy (Z34.-)

**Excludes2:** mental and behavioral disorders associated with the puerperium (F53)

obstetrical tetanus (A34)

postpartum necrosis of pituitary gland (E23.0)

puerperal osteomalacia (M83.0)



# Similarities Between 9 and 10 Tabular List

- Tabular List Example – Chapter 15 (cont'd)
  - Each chapter in the Tabular List begins with a summary of code blocks

This chapter contains the following blocks:

000-008	<u><a href="#">Pregnancy with abortive outcome</a></u>
009	<u><a href="#">Supervision of high risk pregnancy</a></u>
010-016	<u><a href="#">Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium</a></u>
020-029	<u><a href="#">Other maternal disorders predominantly related to pregnancy</a></u>
030-048	<u><a href="#">Maternal care related to the fetus and amniotic cavity and possible delivery problems</a></u>
060-077	<u><a href="#">Complications of labor and delivery</a></u>
080-082	<u><a href="#">Encounter for delivery</a></u>
085-092	<u><a href="#">Complications predominantly related to the puerperium</a></u>
094-09A	<u><a href="#">Other obstetric conditions, not elsewhere classified</a></u>



# Similarities Between 9 and 10 Tabular List

- Tabular List Example – Blocks of Codes

**Other maternal disorders predominantly related to pregnancy (O20-O29)**

**Excludes2:** maternal care related to the fetus and amniotic cavity and possible delivery problems (O30-O48)  
maternal diseases classifiable elsewhere but complicating pregnancy, labor and delivery, and the puerperium (O98-O99)

**O20 Hemorrhage in early pregnancy**

**Includes:** hemorrhage before completion of 20 weeks gestation

**Excludes1:** pregnancy with abortive outcome (O00-O08)

**O20.0 Threatened abortion**

Hemorrhage specified as due to threatened abortion

**O20.8 Other hemorrhage in early pregnancy**

**O20.9 Hemorrhage in early pregnancy, unspecified**

**O21 Excessive vomiting in pregnancy**

**O21.0 Mild hyperemesis gravidarum**

Hyperemesis gravidarum, mild or unspecified, starting before the end of the 20th week of gestation

**O21.1 Hyperemesis gravidarum with metabolic disturbance**

Hyperemesis gravidarum, starting before the end of the 20th week of gestation, with metabolic disturbance such as carbohydrate depletion

Hyperemesis gravidarum, starting before the end of the 20th week of gestation, with metabolic disturbance such as dehydration

Hyperemesis gravidarum, starting before the end of the 20th week of gestation, with metabolic disturbance such as electrolyte imbalance



# ICD-10-CM Official Guidelines for Coding and Reporting

- A set of rules developed by the National Center for Health Statistics (NCHS) that accompany and complement the official conventions and instructions provided within the ICD-10-CM
  - The instructions and conventions of the classification take precedence over the guidelines
  - HIPAA requires adherence to the official coding guidelines in all healthcare settings
- Sections 1 and 4 of the guidelines apply to outpatients
- Updates are published at least annually
  - [http://www.cdc.gov/nchs/data/icd9/icd10cm\\_guidelines\\_2014.pdf](http://www.cdc.gov/nchs/data/icd9/icd10cm_guidelines_2014.pdf)





# Instructional Notes Includes

- “Includes” – In Tabular List, defines and/or gives examples of the content of a chapter, section, category, or block of category codes (subcategory)
  - Includes list is not exhaustive so even though a documented diagnosis is not on the list, the code may still be appropriate

## E10 Type 1 diabetes mellitus

**Includes:** brittle diabetes (mellitus)

diabetes (mellitus) due to autoimmune process

diabetes (mellitus) due to immune mediated pancreatic islet beta-cell destruction

idiopathic diabetes (mellitus)

juvenile onset diabetes (mellitus)

ketosis-prone diabetes (mellitus)

### E10.1 Type 1 diabetes mellitus with ketoacidosis

E10.10 Type 1 diabetes mellitus with ketoacidosis without coma

E10.11 Type 1 diabetes mellitus with ketoacidosis with coma





# Instructional Notes Includes

- At the code level, there may be a list of terms included in the code but the term “includes” is not used
- Example

## **E10.2 Type 1 diabetes mellitus with kidney complications**

### **E10.21 Type 1 diabetes mellitus with diabetic nephropathy**

Type 1 diabetes mellitus with intercapillary glomerulosclerosis

Type 1 diabetes mellitus with intracapillary glomerulonephrosis

Type 1 diabetes mellitus with Kimmelstiel-Wilson disease

### **E10.22 Type 1 diabetes mellitus with diabetic chronic kidney disease**

Type 1 diabetes mellitus with chronic kidney disease due to conditions classified to .21 and .22

Use **additional** code to identify stage of chronic kidney disease (N18.1-N18.6)

### **E10.29 Type 1 diabetes mellitus with other diabetic kidney complication**

Type 1 diabetes mellitus with renal tubular degeneration



# Instructional Notes

## Excludes1

- Excludes1 note
  - Indicates that the code(s) excluded should never be used at the same time as the code above the “Excludes1” note ~ the 2 conditions cannot occur together
  - In other words: **NOT CODED HERE**
  - Example:

### E10 Type 1 diabetes mellitus

**Excludes1:** diabetes mellitus due to underlying condition (E08.-)

drug or chemical induced diabetes mellitus (E09.-)

gestational diabetes (O24.4-)

hyperglycemia NOS (R73.9)

neonatal diabetes mellitus (P70.2)

postpancreatectomy diabetes mellitus (E13.-)

postprocedural diabetes mellitus (E13.-)

secondary diabetes mellitus NEC (E13.-)

type 2 diabetes mellitus (E11.-)



# Instructional Notes

## Excludes2

- Excludes2 note
  - Indicates that the condition excluded is not part of the condition represented by the code, but a client may have both conditions at the same time
  - In other words: **NOT INCLUDED HERE**
  - Example:


**K03 Other diseases of hard tissues of teeth**

**Excludes2:** bruxism (F45.8)  
dental caries (K02.~)  
teeth-grinding NOS (F45.8)

**K03.0 Excessive attrition of teeth**

Approximal wear of teeth  
Occlusal wear of teeth





# Instructional Notes

## Excludes Notes ~ Question

### Malnutrition (E40-E46)

Excludes1: intestinal malabsorption (K90.-)  
sequelae of protein-calorie malnutrition (E64.0)

Excludes2: nutritional anemias (D50-D53)  
starvation (T73.0)

#### E40 Kwashiorkor

Severe malnutrition with nutritional edema with dyspigmentation of skin and hair

Excludes1: marasmic kwashiorkor (E42)

#### E41 Nutritional marasmus

Severe malnutrition with marasmus

Excludes1: marasmic kwashiorkor (E42)

- Question 1: Could you code both “E64.0, sequelae of protein-calorie malnutrition ” and “E41, Nutritional marasmus ” on same encounter?
- Question 2a: Could you code both “T73.0, starvation” and “E41, Severe malnutrition with marasmus” on same encounter? Question 2b: On this encounter, can I also code “E42, Marasmic Kwashiorkor”?



# Instructional Notes

## “See” Notes

- Cross reference notes are “See”, “See also”, “See condition”
- “See” – instructs you to look elsewhere
- “See also” – there is another place to look if the code is not listed here

### **Pain (s) (see also Painful) R52**

- abdominal R10.9
- colic R10.83
- generalized R10.84
- with acute abdomen R10.0
- lower R10.30
- left quadrant R10.32
- pelvic or perineal R10.2
- periumbilical R10.33
- right quadrant R10.31
- rebound —see Tenderness, abdominal, rebound
- severe with abdominal rigidity R10.0
- tenderness —see Tenderness, abdominal
- upper R10.10
- epigastric R10.13
- left quadrant R10.12
- right quadrant R10.11
- acute R52

### **Tenderness, abdominal R10.819**

- epigastric R10.816
- generalized R10.817
- left lower quadrant R10.814
- left upper quadrant R10.812
- periumbilic R10.815
- right lower quadrant R10.813
- right upper quadrant R10.811
- rebound R10.829
- epigastric R10.826
- generalized R10.827
- left lower quadrant R10.824
- left upper quadrant R10.822
- periumbilic R10.825
- right lower quadrant R10.823
- right upper quadrant R10.821

### **R10.8 Other abdominal pain**

#### **R10.81 Abdominal tenderness**

Abdominal tenderness NOS

**R10.811 Right upper quadrant abdominal tenderness**

**R10.812 Left upper quadrant abdominal tenderness**

**R10.813 Right lower quadrant abdominal tenderness**

**R10.814 Left lower quadrant abdominal tenderness**

**R10.815 Periumbilic abdominal tenderness**

**R10.816 Epigastric abdominal tenderness**

**R10.817 Generalized abdominal tenderness**

**R10.819 Abdominal tenderness, unspecified site**

#### **R10.82 Rebound abdominal tenderness**

**R10.821 Right upper quadrant rebound abdominal tenderness**





# Instructional Notes

## “See” Notes

- “See condition” – means the term used to look up the diagnosis is not appropriate to identify the code
  - Example from Alphabetic Index

**Femur, femoral** — *see condition*

**Fenestration, fenestrated** — *see also* Imperfect, closure

- ~ aortico-pulmonary Q21.4
- ~ cusps, heart valve NEC Q24.8
- ~ ~ pulmonary Q22.3
- ~ pulmonic cusps Q22.3

- Condition could be Contusion, Fracture, Neoplasm, etc.





# Instructional Notes

## “Code” Notes

- “Use Additional Code” – assign an additional secondary code to identify the manifestation due to the underlying etiology

**Disease, diseased** —see *also* Syndrome

- Alzheimer's G30.9 [F02.80]
- - with behavioral disturbance G30.9 [F02.81]
- - early onset G30.0 [F02.80]
- - - with behavioral disturbance G30.0 [F02.81]

### **Other degenerative diseases of the nervous system (G30-G32)**

#### **G30 Alzheimer's disease**

**Includes:** Alzheimer's dementia senile and presenile forms

**Use additional code to identify:**

- delirium, if applicable (F05)
- dementia with behavioral disturbance (F02.81)
- dementia without behavioral disturbance (F02.80)

**Excludes1:** senile degeneration of brain NEC (G31.1)

senile dementia NOS (F03)

senility NOS (R41.81)

**G30.0 Alzheimer's disease with early onset**

**G30.1 Alzheimer's disease with late onset**



# Instructional Notes

## “Code” Notes

- “Code First” – select a code to represent the etiology that caused the manifestation and sequence that first

### **F02 Dementia in other diseases classified elsewhere**

**Code first** the underlying physiological condition, such as:  
Alzheimer's (G30.-)  
cerebral lipidosis (E75.4)

**Excludes1:** dementia with Parkinsonism (G31.83)

**Excludes2:** dementia in alcohol and psychoactive substance disorders (F10-F19, with .17, .27, .97)  
vascular dementia (F01.5-)

### **F02.8 Dementia in other diseases classified elsewhere**

**F02.80 Dementia in other diseases classified elsewhere without behavioral disturbance**  
Dementia in other diseases classified elsewhere NOS

**F02.81 Dementia in other diseases classified elsewhere with behavioral disturbance**  
Dementia in other diseases classified elsewhere with aggressive behavior  
Dementia in other diseases classified elsewhere with combative behavior  
Dementia in other diseases classified elsewhere with violent behavior

**Use additional code, if applicable, to identify wandering in dementia in conditions classified elsewhere (Z91.83)**



# Abbreviations

- NEC – Not Elsewhere Classifiable
  - Other types of specified conditions not classified anywhere else in ICD-10-CM
  - Alphabetic Index uses NEC in code descriptions to direct the coder to the Tabular List showing a ‘not elsewhere classified’ code description

## Hepatitis K75.9

- ~ chronic K73.9
- ~ ~ active **NEC** K73.2
- ~ ~ lobular **NEC** K73.1
- ~ ~ persistent **NEC** K73.0
- ~ ~ specified **NEC** K73.8

### **K73 Chronic hepatitis, not elsewhere classified**

**Excludes1:** alcoholic hepatitis (chronic) (K70.1-)  
drug-induced hepatitis (chronic) (K71.-)  
granulomatous hepatitis (chronic) NEC (K75.3)  
reactive, nonspecific hepatitis (chronic) (K75.2)  
viral hepatitis (chronic) (B15-B19)

**K73.0 Chronic persistent hepatitis, not elsewhere classified**

**K73.1 Chronic lobular hepatitis, not elsewhere classified**

**K73.2 Chronic active hepatitis, not elsewhere classified**

**K73.8 Other chronic hepatitis, not elsewhere classified**

**K73.9 Chronic hepatitis, unspecified**



# Abbreviations

- NOS – Not Otherwise Specified
  - Used in Alphabetic Index and Tabular List when clinical documentation is insufficient to assign a more specific code
  - Equivalent of “Unspecified”

## **Pain (s) (see also Painful) R52**

- gastric —see Pain, abdominal
- generalized NOS R52
- genital organ
  - - female N94.89
  - - male N50.8
- groin —see Pain, abdominal, lower
- hand —see Pain, limb, upper
- head —see Headache

## **R52 Pain, unspecified**

Acute pain NOS

Generalized pain NOS

Pain NOS

**Excludes1:** acute and chronic pain, not elsewhere classified (G89.-)  
localized pain, unspecified type - code to pain by site, such as:  
abdomen pain (R10.-)  
back pain (M54.9)  
breast pain (N64.4)  
chest pain (R07.1-R07.9)  
ear pain (H92.0-)  
eye pain (H57.1)  
headache (R51)  
joint pain (M25.5-)  
limb pain (M79.6-)  
lumbar region pain (M54.5)  
pelvic and perineal pain (R10.2)  
shoulder pain (M25.51-)  
spine pain (M54.-)  
throat pain (R07.0)  
tongue pain (K14.6)  
tooth pain (K08.8)  
renal colic (N23)  
pain disorders exclusively related to psychological factors (F45.41)

## **R53 Malaise and fatigue**

**R53.0 Neoplastic (malignant) related fatigue**





# Symbols and Punctuation Marks

- Point Dash symbol (.~)
  - In the Alphabetical Index and Tabular List, used to indicate a code is incomplete  
Membranacea placenta O43.19~
- Comma(,)
  - Separate synonyms or essential modifiers follow the comma  
Meningococcus, meningococcal (*see also* condition) A39.9  
~ adrenalitis, hemorrhagic A39.1
- Parentheses ( ) – used in Alphabetic Index and Tabular List
  - Placed around supplementary words that may be present or absent in the disease statement in the clinical documentation.
    - These terms are known as *nonessential modifiers*
    - Nonessential modifiers do not affect code assignment
    - In tabular, used when codes are included
  - Diabetes, diabetic (mellitus) (sugar) E11.9
  - E11 Type 2 diabetes mellitus  
Use additional code to identify any insulin use (Z79.4)



# Punctuation Marks

- **Brackets [ ]** ~ used in Alphabetic Index and Tabular List
  - Alphabetic Index ~ identify manifestation codes

**Parkinsonism** (idiopathic) (primary) G20  
- with neurogenic orthostatic hypotension (symptomatic) G90.3  
- arteriosclerotic G21.4  
- dementia G31.83 [F02.80]  
- - with behavioral disturbance G31.83 [F02.81]
  - Tabular List ~ enclose synonyms, alternative wordings, or explanatory phrases

**B06 Rubella [German measles]**

- **Colon :** ~ used in Tabular List
  - Used with “Includes”, “Excludes”, “Note” or after an incomplete term that needs one or more of the modifiers following the colon to make it assignable to a given category

**A85 Other viral encephalitis, not elsewhere classified**

**Includes:** specified viral encephalomyelitis NEC  
specified viral meningoencephalitis NEC

**Excludes1:** benign myalgic encephalomyelitis (G93.3)  
encephalitis due to:  
cytomegalovirus (B25.8)  
herpesvirus NEC (B10.0-)



# Relational Terms

- “and” ~ when used within a code title in Tabular List, means “and/or”
- M24.87 Other specific joint derangements of ankle **and** foot, not elsewhere classified
- M24.871 Other specific joint derangements of right **ankle**, not elsewhere classified
  - M24.872 Other specific joint derangements of left **ankle**, not elsewhere classified
  - M24.873 Other specific joint derangements of unspecified **ankle**, not elsewhere classified
  - M24.874 Other specific joint derangements of right **foot**, not elsewhere classified
  - M24.875 Other specific joint derangements left **foot**, not elsewhere classified
  - M24.876 Other specific joint derangements of unspecified **foot**, not elsewhere classified



# Relational Terms

- “with” ~ means “associated with” or “due to”
  - Alphabetical Index ~ Used in code titles; sequenced immediately following the main term (not in alphabetical order)

## **Obesity E66.9**

- with alveolar hyperventilation E66.2
- adrenal E27.8
- complicating
  - - childbirth O99.214
  - - pregnancy O99.21-
  - - puerperium O99.215
- constitutional E66.8

- Tabular List ~ Used in instructional notes

## **L71 Rosacea**

Use **additional** code for adverse effect, if applicable, to identify drug (T36-T50 with fifth or sixth character 5)

### **L71.0 Perioral dermatitis**

### **L71.1 Rhinophyma**

### **L71.8 Other rosacea**

### **L71.9 Rosacea, unspecified**



# Other Coding Guidelines

## Default Codes

Default code – In the Alphabetic Index, a code listed next to a main term

- Condition most commonly associated with the main term; or
- Unspecified code for the condition

**Appendicitis (pneumococcal) (retrocecal) K37**

- with
  - perforation or rupture K35.2
  - peritoneal abscess K35.3
  - with peritonitis K35.2
  - peritonitis K35.2
  - with perforation or rupture K35.2
  - generalized K35.2
  - localized K35.3
- acute (catarrhal) (fulminating) (gangrenous) (obstructive) (retrocecal) (suppurative) K35.80
  - with
    - perforation or rupture K35.2
    - peritoneal abscess K35.3
    - with peritonitis K35.2
    - peritonitis K35.2
    - with perforation or rupture K35.2
    - localized K35.3
    - generalized K35.2
  - specified NEC K35.89
- amebic A06.89
- chronic (recurrent) K36





# Other Coding Guidelines

## Impending or Threatened Condition

Code “impending” or “threatened” conditions as follows:

- If the condition occurred, code as confirmed diagnosis
  - Spontaneous Abortion
- If the condition did not occur
  - Go to Alphabetic Index to determine if condition has a subentry for “impending” or “threatened”
    - If subentries are listed, assign given code
      - Hemorrhage due to threatened abortion, 12 weeks gestation
    - If subterms are not listed, code underlying condition(s) – not the condition described as “impending” or “threatened”
  - Reference main term entries for “Impending” or “Threatened”
    - Impending Myocardial Infarction



# Other Coding Guidelines

## Combination Codes

- Combination Codes are single codes used to classify:
  - Two diagnoses
    - **Chronic tonsillitis and adenoiditis**
  - Diagnosis with associated secondary process (manifestation)
    - **K70.11 Alcoholic hepatitis with ascites**
  - Diagnosis with associated complication
    - **K50.812 Crohn's disease of both small and large intestine with intestinal obstruction**
- Combination codes are identified by:
  - Subterm entries in Alphabetic Index
  - Instructional notes in the Tabular List
- Multiple coding should not be used when the classification provides a combination code that clearly identifies all of the elements documented in the diagnosis
- When the combination code lacks necessary specificity in describing the manifestation or complication, an additional code should be used as a secondary code



# Other Coding Guidelines

## First Listed Codes

- Golden Rule: List first the code for the diagnosis, condition, problem, or other reason for encounter shown in the client record to be chiefly responsible for the services provided
  - In some cases the first-listed diagnosis may be a symptom when a diagnosis has not been established/confirmed by the clinician
- List additional codes that describe any coexisting condition
  - Code all documented conditions that coexist at the time of the encounter and require or affect the client's treatment or management
    - Do not code conditions that were previously treated but no longer exist
- *9-month old male presents with a rash that started on the stomach and has spread to arms and legs. The child has a low grade fever and mother reports loss of appetite. The child was born with a cleft palate that has been repaired.*



# Other Coding Guidelines

- Encounters for routine lab or radiology diagnostic services
  - In the absence of any signs, symptoms, or associated diagnosis
    - Assign code **Z01.89, Encounter for other specified special examinations**
  - If routine testing is performed during the same encounter as a test to evaluate a sign, symptom, or diagnosis
    - Can assign both the code that specifies the reason for the non-routine test as well as the Z01.89 code
  - If test results have been interpreted by a physician, and the final report is available at the time of coding, code any confirmed or definitive diagnosis(es) documented in the interpretation
    - Do not code related signs and symptoms as additional diagnoses
  - This guideline is different for inpatient settings so ensure that clinicians who work in both settings are aware of the outpatient guideline



# Other Coding Guidelines

- Encounters for general medical examinations with and without abnormal findings.
  - Use subcategory Z00.0~as first-listed
  - Codes for any abnormal findings are additional codes
- Need to follow the coding conventions as well as general and disease specific guidelines to determine what the first listed diagnosis should be
  - Exceptions to these guidelines for OB clients will be covered under Chapter 15
  - Exceptions to these guidelines for Encounters for routine health screenings will be covered under Chapter 21
- Codes from Chapter 20, External causes of morbidity (V00~Y99) cannot be used as reason for encounter





# Other Coding Guidelines


## Diagnosis Not Established

- If the diagnosis documented for the encounter is qualified as “probable”, “suspected”, “likely”, “questionable”, “possible”, or “still to be ruled out”, etc., **DO NOT** code the condition as if it existed or was established
  - Code the condition(s) to the highest degree of certainty for that encounter, such as symptoms, signs, abnormal test results, or other reason for the visit
  - Codes from Chapter 21, Factors Influencing Health Status and Contact with Health Services, are available when there is no disease/injury
  - NOTE: This guideline is different for inpatient settings



# Other Coding Guidelines

## Borderline Diagnosis

- Borderline conditions are not uncertain diagnoses
  - Borderline diagnoses are coded as confirmed
    - Unless specific classification for borderline
    - Example: Borderline Diabetes (Key word ‘Borderline’)
  - Documentation should support the borderline condition
  - Guideline applies to all healthcare settings
- 



# Other Coding Guidelines

## Other Codes

- Code all documented conditions that coexist at the time of the encounter/visit, and require or affect patient care treatment or management
  - Chronic diseases treated on an ongoing basis may be coded and reported as many times as the patient receives treatment and care for the condition(s)
  - History codes (categories Z80-Z87) may be used as secondary codes if the historical condition or family history has an impact on current care or influences treatment
  - Signs and symptoms that are associated routinely with a disease process should not be assigned as additional codes, unless otherwise instructed by the classification
  - Signs and symptoms that may not be associated routinely with a disease process should be coded when present



# Other Coding Guidelines

## Acute and Chronic Conditions

- If the same condition is described as both acute and chronic, and separate subentries exist in the Alphabetic Index at the same indentation level (i.e., a combination code does not exist)
  - code both conditions
  - sequence the acute code first
  - Example:
    - **Abscess** (connective tissue) (embolic) (fistulous) (infective) (metastatic) (multiple) (pernicious) (pyogenic) (septic) L02.91
      - ~ broad ligament N73.2
      - ~ ~ acute N73.0
      - ~ ~ **chronic** N73.1



# Other Coding Guidelines

## Sequela (Late Effects)

- **Sequela** is the residual effect (condition produced) after the acute phase of an illness or injury has terminated

### **S52 Fracture of forearm**

**Note:** A fracture not indicated as displaced or nondisplaced should be coded to displaced  
A fracture not indicated as open or closed should be coded to closed  
The open fracture designations are based on the Gustilo open fracture classification

**Excludes1:** traumatic amputation of forearm (S58.-)

**Excludes2:** fracture at wrist and hand level (S62.-)

The appropriate 7th character is to be added to all codes from category S52

A - initial encounter for closed fracture

B - initial encounter for open fracture type I or II

initial encounter for open fracture NOS

C - initial encounter for open fracture type IIIA, IIIB, or IIIC

D - subsequent encounter for closed fracture with routine healing

E - subsequent encounter for open fracture type I or II with routine healing

F - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with routine healing

G - subsequent encounter for closed fracture with delayed healing

H - subsequent encounter for open fracture type I or II with delayed healing

J - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with delayed healing

K - subsequent encounter for closed fracture with nonunion

M - subsequent encounter for open fracture type I or II with nonunion

N - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with nonunion

P - subsequent encounter for closed fracture with malunion

Q - subsequent encounter for open fracture type I or II with malunion

R - subsequent encounter for open fracture type IIIA, IIIB, or IIIC with malunion

S - sequela





# Other Coding Guidelines

## Sequela (Late Effects)

- There is no time limit on when a **sequela** code can be used
- The residual effect may occur early or may occur months or years later
- Two codes are generally required for **sequela**:
  - Condition or nature of the sequela is sequenced first
  - **Sequela** code is sequenced second
- *Client suffered a stroke last week and the residual effect is muscle weakness of the left arm*  
M62.81 Muscle weakness (generalized)  
I69.398 Other sequelae of cerebral infarction
- *Chronic left ankle instability following Grade III sprain of the calcaneofibular ligament 6 months prior*  
M24.272 Disorder of ligament, left ankle  
S93.412S Sprain of calcaneofibular ligament of the left ankle, sequela



# Chapter 21 Z Codes and Immunizations

- **Code Range: Z00~Z99**
- Z codes represent reasons for encounters
- CPT code must accompany Z codes if a procedure is performed
- Provided for occasions when circumstances other than a disease, injury or external cause classifiable to categories A00~Y89 are recorded as ‘diagnoses’ or ‘problems’
  - This can arise in two main ways:
    - When a person who may or may not be sick encounters health services for some specific purpose
      - Examples: Prophylactic vaccination (immunization), exam for admission to pre-school
    - When some circumstance or problem is present which influences the person's health status but is not in itself a current illness or injury
      - Example: Exposure to cafeteria worker with Hepatitis



# Chapter 21 Z Codes and Immunizations

- **Inoculations and vaccinations (Code Z23)**

- **Z23** Encounter for immunization

**Code first** any routine childhood examination

- Indicates client is being seen to receive a prophylactic inoculation against a disease
    - Procedure codes are required to identify the actual administration of the injection and the type(s) of immunizations given
    - Code Z23 may be used as a secondary code if the inoculation is given as a routine part of preventive health care, such as a well-baby visit
      - **Z00.129** Encounter for routine child health examination without abnormal findings
  - Z23** Encounter for immunization



## Chapter 21 Z Codes and Immunizations

- Z28 Immunization not carried out (*except for Z28.3*)
  - Z28.0~ Immunization not carried out because of contraindication
    - e.g., acute illness, patient allergy
  - Z28.1 Immunization not carried out because of patient decision for reasons of belief or group pressure
  - Z28.2~ Immunization not carried out because of patient decision for other and unspecified reason
    - e.g., patient refusal
  - Z28.8~ Immunization not carried out for other reason
  - Z28.9 Immunization not carried out for unspecified reason
- Z28.3, Underimmunization status
  - Includes delinquent or lapsed immunization schedule status



# Group Exercise

*A 17 year old female patient is seen in Family Planning for a scheduled three month pill evaluation. During the workup, her blood pressure is elevated and she has complaints of frequent headaches the past 2 months. Due to the adverse reaction to the Ortho-Novum, she is switched to Cerazette.*

- What was the primary reason for the visit?
- What is the key word you will use to look up the primary reason?
- What other problems need to be coded?





# True/False Quiz

1. The World Health Organization (WHO) version of ICD~10 has not been implemented in the United States
2. All codes in ICD~10~CM include full code titles
3. The 2<sup>nd</sup> and 3<sup>rd</sup> characters of a code are always numeric
4. 250.00 is a valid code in ICD~10~CM
5. GEMs are a crosswalk between ICD~9~CM/ICD~10~CM
6. NEC means “not elsewhere coded”
7. Terms that appear in parentheses must appear in the diagnostic statement being coded
8. AnExcludes2 note represents Not Coded Here
9. The point dash (.-) symbol indicates that the code is incomplete



# True/False Quiz

10. V and E codes from ICD-9-CM are supplemental classifications in ICD-10-CM
11. A symptom can never be the first-listed diagnosis
12. Instructional notes never appear at the beginning of a Chapter
13. Code extensions are always the 7<sup>th</sup> character
14. Dummy placeholders are used when you have no clue what character to use
15. Possible and Rule out diagnoses are coded
16. Code Z23 is for administration of inoculations and vaccinations



# True/False Quiz

- 17. Everyone covered by HIPAA must be ICD-10 compliant starting October 1, 2015
- 18. ICD-10-PCS codes will replace CPT coding
- 19. Outpatient claims submitted after October 1, 2015 must contain ICD-10-CM codes





# Coding Steps

1. Locate the main term in the Alphabetic Index
  - For Chest Cold, Look up “Cold” then go down list to find “Chest”
2. Scan the main term entry for any instructional notes
  - “see Bronchitis” so look up “Bronchitis”
3. In the diagnosis being coded, identify any terms that modify the main term
  - Nothing under “Bronchitis J40” relates back to Chest Cold
4. Follow any cross-reference notes
5. Always verify the code in the Tabular List
  - (NOTE: **Never** begin code searches using Tabular List – will lead to coding errors!)
  - Go to J40 in the Tabular
6. Follow any instructional notes
  - Do any of the instructions apply to Chest Cold?
7. Select the code
  - J40 is the correct code



# Coding Exercises

Use the Coding Steps to Code the following diagnoses

#	Diagnoses	Answer
1	Acute cystitis with blood in urine	
2	Acute and chronic mastoiditis, right ear	
3	Malignant hypertension	
4	Upper Abdominal Pain	
5	Persistent headache due to migraine	
6	Borderline Schizophrenia with Asperger's Syndrome	
7	Examination of left leg below the knee following exposure to Rabies via dog bite. The wound is clean with no signs of infection. The client received an initial Rabies vaccine administration during the visit.	
8	Well child visit of 6 year old female resulted in no abnormal findings. An influenza vaccine was administered.	





# Coding Exercises

Use the Coding Steps to Code the following diagnoses

#	Diagnoses	Answer
9	A 30 year old pregnant female presents to the health department to receive vaccinations for foreign travel. She is traveling to a country that requires her to be immunized against Yellow Fever. Health Department policy does not permit vaccinating pregnant women.	
10	A 12 month old boy is brought to clinic for routine immunizations by his mother. The mother reports child had a fever the evening before and she noticed a fine rash on his chest and back this morning. Since child still has a fever and rash, the immunization was not administered.	
11	A health department employee who works in the laboratory reports being stuck in the finger by a needle after drawing blood from a patient. She reports to the immunization clinic per her supervisor's recommendation.	
12	Mrs. Jones is seen for immunization following possible exposure to Hepatitis B from a kitchen worker at Mom and Pops Restaurant.	



# Evaluation and Questions

Evaluation Forms are located at:

[http://publichealth.nc.gov/lhd/icd10/docs/training/Coding  
TrainingEvaluationFormforSept2014~Training.pdf](http://publichealth.nc.gov/lhd/icd10/docs/training/CodingTrainingEvaluationFormforSept2014~Training.pdf)

Submit Evaluation Forms and Questions to:

[Sarah.Brooks@dhhs.nc.gov](mailto:Sarah.Brooks@dhhs.nc.gov)